PATENT APPLICATION FEE DETERMINATION RECORD
Effective December 29, 1999

Application or Docket Number: **09/647547**

CLAIMS AS FILED - PART I

FOR	NUMBER FILED (Column 1)	NUMBER EXTRA (Column 2)
BASIC FEE		
TOTAL CLAIMS	44 minus 20=	24
INDEPENDENT CLAIMS	3 minus 3 =	
MULTIPLE DEPENDENT CLAIM PRESENT		

* If the difference in column 1 is less than zero, enter "0" in column 2

SMALL ENTITY TYPE ☐ OR **OTHER THAN SMALL ENTITY**

	RATE	FEE		RATE	FEE
BASIC FEE			OR		1000
	X$ 9=		OR	X$18=	432
	X39=		OR	X78=	
	+130=		OR	+260=	
TOTAL			OR	TOTAL	1432

CLAIMS AS AMENDED - PART II

9/20/4

AMENDMENT A

	CLAIMS REMAINING AFTER AMENDMENT (Column 1)		HIGHEST NUMBER PREVIOUSLY PAID FOR (Column 2)	PRESENT EXTRA (Column 3)
Total	44	Minus	44	
Independent	3	Minus	3	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				

SMALL ENTITY OR **OTHER THAN SMALL ENTITY**

RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
X$ 9=		OR	X$18=	
X39=		OR	X78=	
+130=		OR	+260=	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

AMENDMENT B

	CLAIMS REMAINING AFTER AMENDMENT (Column 1)		HIGHEST NUMBER PREVIOUSLY PAID FOR (Column 2)	PRESENT EXTRA (Column 3)
Total	44	Minus	44	
Independent	3	Minus	3	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				

RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
X$ 9=		OR	X$18=	
X39=		OR	X78=	
+130=		OR	+260=	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

AMENDMENT C

	CLAIMS REMAINING AFTER AMENDMENT (Column 1)		HIGHEST NUMBER PREVIOUSLY PAID FOR (Column 2)	PRESENT EXTRA (Column 3)
Total		Minus		
Independent		Minus		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				

RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
X$ 9=		OR	X$18=	
X39=		OR	X78=	
+130=		OR	+260=	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."
*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."
The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

FORM PTO-875
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